

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		<i>CL</i>	<i>7-20</i>
O.I.P.E. CLASSIFIER		<i>2021</i>	<i>8/1/99</i>
FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 0 ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/27/01
2	✓	✓	7/27/01
3	✓	✓	7/27/01
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9	✓	✓	7/27/01
10	✓	✓	7/27/01
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12	✓	✓	7/27/01
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25	✓	✓	7/27/01
26	✓	✓	7/27/01
27	✓	✓	7/27/01
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30	✓	✓	7/27/01
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

4/15/04\*

27/1, 27/3 • rejected  
 27/9, 27/10 • allowed  
 27 being multiple-dependent  
 from claims 1, 3, 9 and 10.

If more than 150 claims or 10 actions  
staple additional sheet here

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